

MAILED FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1103

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Jackson,  
(b) City or town Kansas City,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3660 Summit St.,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 months  
(Specify whether years, months or days)  
In this community 30 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,  
(c) City or town Kansas City,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3660 Summit St.,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? - years.

3. (a) PRINT FULL NAME Miss Katherine C. Hubbard,

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single,  
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased November 17 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 1 18 hr. min.

9. Birthplace Missouri, (City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business X

12. Name Daniel J. Hubbard,  
13. Birthplace Virginia, (City, town, or county) (State or foreign country)

14. Maiden name Mary E. Adams,

15. Birthplace Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha E. Lewis,

(b) Address 3417 Baltimore, Kansas City, Mo.

17. (a) Removal, (b) Date thereof 1-6-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Mo.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Fillham, Plaza Kansas City, Mo.

19. (a) Jan 6 1941 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th,  
year 1941 hour 11:50 minute 5 M.

21. I hereby certify that I attended the deceased from Sept 1939 to Jan 4 1941  
that I last saw her alive on Dec 30 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 30 min

Due to arterio-sclerosis 10 yrs

Due to hypertension

Other conditions Similar

(Include pregnancy within 3 months of death)

Major findings: 6

Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work (e) Means of injury

23. Signature M. M. Brown (M. D. or other)

Address 820 Professional Bldg Date signed 1/4/41

Dr. Robert McClanahan

*Robert McClanahan*

*2892*

*2892*

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

*R. Allen*

Licensed Embalmer No. *1412*

P. O. Address *1501 Mc*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.